

L12000075058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

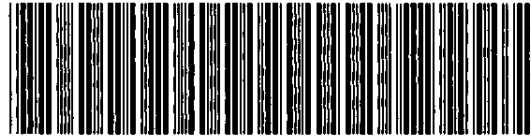
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 6/12/12

Per Mr Flanagan he's signing
as member for both companies
& doesn't want certified copy.

Office Use Only



300236025653

06/08/12--01021--009 **330.00

2012 JUN -8 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W

J. BRYAN

JUN 12 2012

EXAMINER



SIMSES & Associates, P.A.
ATTORNEYS AT LAW

Peter A. Flanagan
Direct Dial: 561-655-8809
PFlanagan@simseslaw.com

June 5, 2012

Via Certified Mail
Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2012 JUN - 8 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Certificate of Merger for Florida Limited Liability Company

Dear Sir or Madam:

Enclosed please find the Certificate of Merger for Florida Limited Liability Company for:

117 Glover, LLC
2 Oakwood, LLC
87 Glover, LLC
79 Glover, LLC
67-69 Glover, LLC
109-111 Glover, LLC.

Also enclosed is a check in the amount of \$330.00 representing the required registration fee and certified copy fee.

Should you have any questions please call me.

Sincerely yours,

Peter A. Flanagan

PAF/
Enclosures

cc: Robert G. Simses, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 117 Glover, LLC

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peter A Flanagan

Contact Person

Simses & Associates PA

Firm/Company

400 Royal Palm Way Suite 304

Address

Palm Beach, FL 33480

City, State and Zip Code

pflanagan@simseslaw.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter A Flanagan

Name of Contact Person

at (561)

8351313

Area Code and Daytime Telephone Number



Certified copy (optional) \$30.00

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**Certificate of Merger
For
Florida Limited Liability Company**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
117 Glover, LLC	Connecticut	LLC
117 Glover, LLC	Florida	LLC

SECOND: The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
117 Glover, LLC	Florida	LLC

THIRD: The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

FOURTH: The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

FIFTH: If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

Date of filing _____

SIXTH: If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

N/A

SEVENTH: If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitles under ss.608.4351-608.43595, F.S.

EIGHTH: If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:

a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S., are as follows:

Street address: N/A

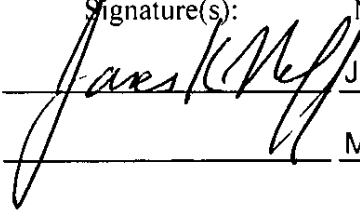
Mailing address: N/A

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b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
117 Glover, LLC		James K. Neff
_____	_____	Member <i>on behalf of both entities</i>
_____	_____	_____
_____	_____	_____

Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of a member or authorized representative

Fees:

For each Limited Liability Company:	\$25.00
For each Corporation:	\$35.00
For each Limited Partnership:	\$52.50
For each General Partnership:	\$25.00
For each Other Business Entity:	\$25.00

Certified Copy (optional): \$30.00

PLAN OF MERGER

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TALLAHASSEE, FLORIDA

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
117 Glover, LLC	Connecticut	LLC
117 Glover, LLC	Florida	LLC

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
117 Glover, LLC	Florida	LLC

THIRD: The terms and conditions of the merger are as follows:

Because the Members of the Merging LLCs are identical both in respect to
identity and percentage of share ownership, no new Member interests in the LLC
shall be issued pursuant to this Merger. The number and identities of the members
of the surviving LLC shall not be affected by the merger.

(Attach additional sheet if necessary)

FOURTH:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

Each member interest in the merging companies shall be converted into a
member interest in the surviving company.

(Attach additional sheet if necessary)

B. The manner and basis of converting rights to acquire the interests, shares, obligations or other securities of each merged party into rights to acquire the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

Any rights shall be converted on a one-to-one basis in accordance with each
members's proportional interest in the merged companies.

(Attach additional sheet if necessary)

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FIFTH: Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

None

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TALLAHASSEE, FLORIDA

(Attach additional sheet if necessary)

SIXTH: Other provisions, if any, relating to the merger are as follows:

None

(Attach additional sheet if necessary)